

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 17, 2005	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier M -06-UC-06-0005	
5. APPLICANT INFORMATION				
Legal Name: County of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency		
Organizational DUNS: 139400514		Division:		
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Ms.	First Name: Sarah	
County: Sacramento		Middle Name		
State: California		Last Name Thomas Hansen		
Zip Code 95814		Suffix:		
Country: USA		Email: shansen@shra.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000759		Phone Number (give area code) (916) 440-1322		Fax Number (give area code) (916) 447-2261
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218 TITLE (Name of Program): Community Development Block Grant		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2006 Community Development Block Grant Projects		
13. PROPOSED PROJECT Start Date: January 1, 2006 Ending Date: December 31, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 6,348,413.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 14, 2005		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 800,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 14,064,488.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 3,617,307.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 569,408.00			
g. TOTAL	\$ 25,399,616.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Anne	Middle Name M.		
Last Name Moore	Suffix			
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319		
d. Signature of Authorized Representative		e. Date Signed 10/13/05		

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 14, 2005	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-06-MC-06-0003	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
City of Sacramento		Department: Sacramento Housing and Redevelopment Agency		
Organizational DUNS: 139400514		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 630 I Street		Prefix: Ms.	First Name: Sarah	
City: Sacramento		Middle Name		
County: Sacramento		Last Name Thomas Hansen		
State: California		Suffix:		
Country: USA		Email: shansen@shra.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6028238		Phone Number (give area code) (916) 440-1322		Fax Number (give area code) (916) 444-2261
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2006 Community Development Block Grant Projects		
13. PROPOSED PROJECT Start Date: January 1, 2006 Ending Date: December 31, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 6,223,328.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 14, 2005		
b. Applicant	\$ 25,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 17,505,483.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 3,064,382.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 990,250.00			
g. TOTAL	\$ 27,808,443.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Anne	Middle Name M.		
Last Name Moore		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319		
d. Signature of Authorized Representative		e. Date Signed 10/13/05		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 10/7/05	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: The Redevelopment Agency of the City of San Jose		Organizational Unit: Department: Industrial Development	
Organizational DUNS: N/A		Division:	
Address: Street: 200 E. Santa Clara St., 14th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Jose		Prefix: Ms.	First Name: Julie
County: Santa Clara		Middle Name	
State: California		Last Name Amato	
Zip Code 95113	Suffix:		
Country: USA		Email: julie.amato@sanjoseca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1519107		Phone Number (give area code) (408) 795-1845	Fax Number (give area code) (408) 292-6755
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) Redevelopment Agency incorporated under State of California law Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Economic Adjustment Assistance 11-307		9. NAME OF FEDERAL AGENCY: Economic Development Administration, Department of Commerce	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Jose		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Phase 1 of the San Jose Electronic Transportation Development Center	
13. PROPOSED PROJECT Start Date: January 1, 2006 Ending Date: December 31, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California Districts 15 and 16 b. Project same	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/7/05	
b. Applicant	\$ 90,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 110,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 400,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Harry	Middle Name S.	
Last Name Mavrogenes		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (408) 795-1888	
d. Signature of Authorized Representative		e. Date Signed 10/6/05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 12, 2006	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: San Francisco State University		Organizational Unit: Department: Romberg Tiburon Center for Environmental Studies	
Organizational DUNS: 942514985		Division:	
Address: Street: 3152 Paradise Drive		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Katharyn	
City: Tiburon			
County: Marin		Middle Name: Elizabeth	
State: California Zip Code: 94920-1205		Last Name: Boyer	
Country: USA		Suffix:	
		Email: katboyer@sfsu.edu	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 93-1137247

7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	Phone Number (give area code): 415-338-3751 Fax Number (give area code): 415-435-7120
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8. TYPE OF APPLICATION:

9. NAME OF FEDERAL AGENCY:
NOAA

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 11-463

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Restoring the seagrass *Zostera marina* in San Francisco Bay: monitoring to evaluate a seeding technique

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Marin, Contra Costa, and Alameda Counties

13. PROPOSED PROJECT

Start Date: March 1, 2006	Ending Date: February 28, 2007
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14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant: 6 (Romberg Center) b. Project: 6, 7, 13

15. ESTIMATED FUNDING:

a. Federal	\$	72,101	00
b. Applicant	\$	25,758	00
c. State	\$		00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	97,859	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE: 10/12/05
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Dr.	First Name: Kenneth	Middle Name:
Last Name: Paap	Suffix:	
b. Title: Associate Vice President		c. Telephone Number (give area code): (415) 338-7091
d. Signature of Authorized Representative		e. Date Signed:

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RECEIVED
 OCT 12 2005
 STATE CLEARING HOUSE

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction													
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/29/05	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:													
2b. APPLICATION ID: 06SR056332	4. DATE RECEIVED: 09/29/05	GRANT NUMBER:													
5. APPLICATION INFORMATION															
LEGAL NAME: Ymca of Greater Whittier DUNS NUMBER: 089884592 ADDRESS (give street address, city, state and zip code): 12510 E Hadley St Suite 203 Whittier CA 90601 - 3942		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give name codes): NAME: Jerry Laiblin TELEPHONE NUMBER: (562) 907-6545 FAX NUMBER: (562) 698-2275 INTERNET E-MAIL ADDRESS: JLaiblinymca@hotmail.com													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951684795 B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization													
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Downey, Norwalk, La Mirada, Pico Rivera, Santa Fe Springs, Whittier, La Habra, La Habra Heights, Pasadena, Monrovia, Azusa and other cities in the North San Gabriel Riv		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 5px 0;">OCT 12 2005</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>													
13. PROPOSED PROJECT: START DATE: 01/01/06 END DATE: 12/31/08 15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%;">a. FEDERAL</td> <td style="width: 60%; text-align: right;">\$ 126,100.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 155,657.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 33,000.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 33,000.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 89,657.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 281,757.00</td> </tr> </table>			a. FEDERAL	\$ 126,100.00	b. APPLICANT	\$ 155,657.00	c. STATE	\$ 33,000.00	d. LOCAL	\$ 33,000.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 89,657.00	g. TOTAL
a. FEDERAL	\$ 126,100.00														
b. APPLICANT	\$ 155,657.00														
c. STATE	\$ 33,000.00														
d. LOCAL	\$ 33,000.00														
e. OTHER	\$ 0.00														
f. PROGRAM INCOME	\$ 89,657.00														
g. TOTAL	\$ 281,757.00														
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE:		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service													
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Greater Whittier													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Mike Blackmore	b. TITLE: President & CEO	c. TELEPHONE NUMBER: (562) 907-2727													
d. DATE: 09/29/05															

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 10/12/05		Appl Identifier State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Acterra: Action for a Sustainable Earth			Organizational Unit: San Francisquito Watershed Council		
Organizational DUNS: 121365670			Division:		
Address: 3921 East Bayshore Rd.			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Palo Alto			Prefix: Ms First Name: Kathleen		
County: Santa Clara			Middle Name: Rose		
State: CA Zip Code: 94303			Last Name: Pilat		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7061137			Email: Katiep@acterra.org		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation			Phone Number (give area code) 650-962-9876 x305		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters:)			Fax Number (give area code) 650-962-8234		
Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation 11-463			9. NAME OF FEDERAL AGENCY: NOAA Fisheries		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo, Santa Clara Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Francisquito Creek Steelhead Habitat Stewardship Program		
13. PROPOSED PROJECT: Start Date: 8/1/06 Ending Date: 7/31/08			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 14 b. Project 14		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 34,900			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/12/05		
b. Applicant \$ 0			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 768			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ 4,892			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ 29,788			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ 0					
g. TOTAL \$ 70,348					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative:					
Prefix Ms.		First Name Kathleen		Middle Name Rose	
Last Name Pilat				Suffix	
b. Title Restoration Projects Manager				c. Telephone Number (give area code) 650-962-9876 x305	
d. Signature of Authorized Representative Kathleen Pilat				e. Date Signed 10/12/05	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Monterey Park Tract Community Services District		Organizational Unit: Department:																						
Organizational DUNS: 197260925		Division:																						
Address: Street: P.O. Box 1301 7725 Monterey Avenue City: Ceres County: Stanislaus State: CA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: David Middle Name: Last Name: McNeir Suffix:																						
Zip Code: 95307	Email: McneDav@aol.com																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-0863830		Phone Number (give area code) 209/541-1563	Fax Number (give area code) 559-651-3634																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		9. NAME OF FEDERAL AGENCY: US Department of Agriculture, Rural Development																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Monterey Park Tract, Stanislaus County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Monterey Park Tract Clean Water Project																						
13. PROPOSED PROJECT Start Date: 3/2006 Ending Date: 9/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																						
<table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>608,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>608,000.00</td> </tr> </table>		a. Federal	\$	608,000.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	608,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	608,000.00																						
b. Applicant	\$	0.00																						
c. State	\$	0.00																						
d. Local	\$	0.00																						
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f. Program Income	\$	0.00																						
g. TOTAL	\$	608,000.00																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
a. Authorized Representative																								
Prefix: Mr.		First Name: David																						
Last Name: McNeir		Middle Name:																						
b. Title: Board President		Suffix:																						
d. Signature of Authorized Representative		c. Telephone Number (give area code): 209/541-1563																						
		e. Date Signed																						

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED October 10, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: E Center		Organizational Unit: Mendocino Fisheries Program	
Address (give city, county, State, and zip code): 410 Jones Street, Ukiah, Mendocino County, CA, 95482		Name and telephone number of person to be contacted on matters involving this application (give area code): Joseph D. Scriven, (707) 468-0194 ext 131	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 2 2 3 2 9 3 3		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u> </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 1 — 4 6 3 TITLE: Habitat Conservation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Round Valley Watershed Education Training (WET) Project 2006/2007 <div style="border: 2px solid black; padding: 5px; text-align: center; margin-top: 10px;"> RECEIVED OCT 11 2005 STATE DEPARTMENT </div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Covelo, Round Valley, Mendocino County, Eel River watershed			
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:		
Start Date 8/1/06	Ending Date 6/30/07	a. Applicant 1	b. Project 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 44,831. ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>10/12/05</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 1,800. ⁰⁰		
c. State	\$ 40,048. ⁰⁰		
d. Local	\$ 13,843. ⁰⁰		
e. Other	\$ 0. ⁰⁰		
f. Program Income	\$ 0. ⁰⁰		
g. TOTAL	\$ 100,522. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Thomas P. Wagner		b. Title Chief Executive Officer	c. Telephone Number (707) 468-0194
d. Signature of Authorized Representative <i>Thomas P. Wagner</i>		e. Date Signed <u>10/10/05</u>	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED October 12, 2005	Applicant Identifier GDO 04-173-3	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY
5. APPLICANT INFORMATION		Federal Identifier		
Legal Name: California Polytechnic State University Foundation		Organizational Unit: Department: Research and Graduate Programs		
Organizational DUNS: 02-932-6246		Division:		
Address: Street: One Grand Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Luis Obispo		Prefix: Dean		
County: San Luis Obispo		First Name: Susan		
State: CA		Middle Name C.		
Zip Code 93407		Last Name Opava		
Country: USA		Suffix: Ph.D.		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1648180		Email: sopava@calpoly.edu		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) I. State Controlled Institution of Higher Education Other (specify) The Foundation is a 501(c)(3) tax-exempt auxiliary of the University.		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300		9. NAME OF FEDERAL AGENCY: Economic Development Administration		
TITLE (Name of Program): Grants for Public Works and Economic Development		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cal Poly Technology Park Initiative - EDA Support for Building Construction		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All communities within San Luis Obispo County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22nd & 23rd b. Project 22nd & 23rd		
13. PROPOSED PROJECT Start Date: November 1, 2005 Ending Date: October 31, 2009		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: October 7, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 1,800,000 b. Applicant \$ c. State \$ 2,600,000 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 4,400,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix Mr. First Name Michael Middle Name Last Name Fish Suffix				
b. Title Director, Grants Development Office				
c. Telephone Number (give area code) (805) 756-2982				
d. Signature of Authorized Representative <i>Michael Fish</i> e. Date Signed 10/7/05				

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Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/7/05		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: The Redevelopment Agency of the City of San Jose		Organizational Unit: Department: Industrial Development		RECEIVED OCT 07 2005	
Organizational DUNS: N/A		Division:		STATE CLEARING HOUSE	
Address: Street: 200 E. Santa Clara St., 14th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: San Jose		Prefix: Ms.		First Name: Julie	
County: Santa Clara		Middle Name			
State: California		Last Name: Amato			
Zip Code: 95113		Suffix:			
Country: USA		Email: julie.amato@sanjoseca.gov			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1519107		Phone Number (give area code) (408) 795-1845		Fax Number (give area code) (408) 292-6755	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Redevelopment Agency incorporated under State of California law Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307		9. NAME OF FEDERAL AGENCY: Economic Development Administration, Department of Commerce			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Jose		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Phase 1 of the San Jose Electronic Transportation Development Center			
13. PROPOSED PROJECT Start Date: January 1, 2006 Ending Date: December 31, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California Districts 15 and 16 b. Project same			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 200,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 10/7/05			
b. Applicant	\$ 90,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$ 110,000	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$				
g. TOTAL	\$ 400,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Harry	Middle Name S.		Suffix	
Last Name Mavrogenes					
b. Title Executive Director		c. Telephone Number (give area code) (408) 795-1888			
d. Signature of Authorized Representative		e. Date Signed 10/6/05			

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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 01/25/05	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 05SF049579	4. DATE RECEIVED: 01/25/05	GRANT NUMBER: 05SFCA004
5. APPLICATION INFORMATION		
LEGAL NAME: Seniors Council Santa Cruz/San Benito DUNS NUMBER: 140698080 ADDRESS (give street address, city, state and zip code): 234 Santa Cruz Ave Aptos CA 95003 - 4438		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Thomas Reele TELEPHONE NUMBER: 8314750816x16 FAX NUMBER: 8316881225 INTERNET E-MAIL ADDRESS: iscc@cnzie.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942662950		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input checked="" type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> BR <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration FY 05 .83% admin increase		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED OCT 06 2005 STATE CLEARING HOUSE </div>
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparent Program		
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): California-Santa Cruz County, Monterey County, San Benito County - Santa Cruz, Felton, Live Oak, Sequel, Aptos, Watsonville, Los Lomas, Castroville, Hollis		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tri-County CA FGP		
13. PROPOSED PROJECT: START DATE: END DATE:		14. PERFORMANCE PERIOD: START DATE: 01/01/05 END DATE: 12/31/07
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06-SEP-02
a. FEDERAL \$ 583,105.00		
b. APPLICANT \$ 254,968.00		
c. STATE \$ 0.00		
d. LOCAL \$ 254,968.00		
e. OTHER \$ 0.00		
f. PROGRAM INCOME \$ 0.00		
g. TOTAL \$ 838,073.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Clay J. Kempf	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 831-688-0400
		d. DATE: 01/25/05

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction													
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/08/04	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:													
2b. APPLICATION ID: 05SC047413	4. DATE RECEIVED: 10/08/04	GRANT NUMBER: 05SCPCA 001													
5. APPLICATION INFORMATION															
LEGAL NAME: Seniors Council Santa Cruz/San Benito		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Thomas Reese TELEPHONE NUMBER: 831 475 0816 x16 FAX NUMBER: 831 688 1225 INTERNET E-MAIL ADDRESS: lsc@csuzio.com													
ADDRESS (give street address, city, state and zip code): 234 Santa Cruz Ave Aptos CA 95003 - 4438															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942662950	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED OCT 06 2005 STATE CLEARING HOUSE </div>													
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016 10b. TITLE: Senior Companion Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tri-County SCP														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): California: Counties of Santa Cruz, San Benito, Monterey; Communities of Santa Cruz, Aptos, Salinas, Seaside, Hollister															
13. PROPOSED PROJECT: START DATE: 01/01/05 END DATE: 12/31/07		14. PERFORMANCE PERIOD: START DATE: END DATE:													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06-SEP-02													
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 34,500.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 77,158.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 55,852.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 21,306.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 111,658.00</td> </tr> </table>			a. FEDERAL	\$ 34,500.00	b. APPLICANT	\$ 77,158.00	c. STATE	\$ 55,852.00	d. LOCAL	\$ 21,306.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL
a. FEDERAL	\$ 34,500.00														
b. APPLICANT	\$ 77,158.00														
c. STATE	\$ 55,852.00														
d. LOCAL	\$ 21,306.00														
e. OTHER	\$ 0.00														
f. PROGRAM INCOME	\$ 0.00														
g. TOTAL	\$ 111,658.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Clay J. Kempf	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 831-688-0400													
		d. DATE: 10/08/04													

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: Tooleville Mutual Nonprofit Water Association, Inc.		Organizational Unit: Department:	
Organizational DUNS: 180631371		Division:	
Address: Street: P.O. Box 579		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Exeter		Prefix: Ms	First Name: Sylvia
County: Tulare		Middle Name R.	
State: CA		Last Name Soria	
Zip Code 93221	Suffix:		
Country: United States of America		Email: sylvias@selfhelpenterprises.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
77-0388164

7. TYPE OF APPLICANT: (See back of form for Application Types)
N.
Other (specify)
Private Not-for-Profit Mutual Water Company

8. TYPE OF APPLICATION:
☒ New
☐ Continuation
☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

9. NAME OF FEDERAL AGENCY:
US Department of Agriculture, Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-760

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Tooleville Water System Rehabilitation Project

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Community of Tooleville, Tulare County, California

13. PROPOSED PROJECT
Start Date: 3/2006
Ending Date: 9/2006

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 21
b. Project 21

15. ESTIMATED FUNDING:

a. Federal	\$	499,639.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	499,639.00

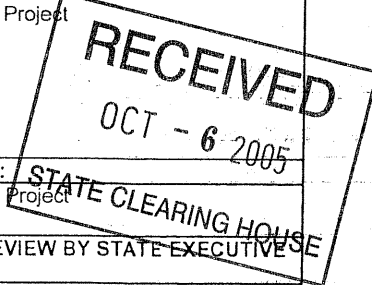
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE:
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

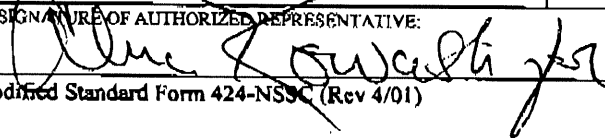
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Merle	Middle Name
Last Name Bailey		Suffix Mr.
b. Title Board President		c. Telephone Number (give area code) 559-592-4103
d. Signature of Authorized Representative <i>Mark Bailey</i>		e. Date Signed 9-30-05



PART I - FACESHEET**APPLICATION FOR FEDERAL ASSISTANCE**

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS): October 6, 2005		3. a. DATE RECEIVED BY STATE: 4. a. DATE RECEIVED BY CNS:	1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction
5. APPLICANT INFORMATION		3.b. STATE APPLICATION IDENTIFIER: 4.b. CNS GRANT NUMBER: 03SFPCA001	
LEGAL NAME: Fresno County Economic Opportunities Commission ORGANIZATIONAL UNIT: Foster Grandparent Program ADDRESS (give street address, city, county, state and zip code): 1920 Mariposa Mall, Suite 330 Fresno, CA 93721 Fresno County		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Victoria Lopes TELEPHONE NUMBER: (559) 263-1533 FAX NUMBER: (559) 263-1540	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1606519		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization O. Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016 Senior Demonstration: 94.015 94 011		9. NAME OF FEDERAL AGENCY: Corporation for National Service	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Fresno County California, Contiguous city in Madera County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Foster Grandparent Program provides volunteer opportunities for 76 low income persons age 60 and over who volunteer 20 hours/week with at-risk youth.	
13. PROPOSED PROJECT: START DATE: 01/01/06		END DATE: 12/31/08	
14. ESTIMATED FUNDING: Year 1 of a Three Year Budget		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$355,976	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE October 6, 2005	
b. APPLICANT	\$ 9,787	b. YES. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. STATE	\$ 0		
d. LOCAL	\$ 65,888		
e. OTHER	\$ 0		
f. TOTAL	\$431,651	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Roger Palomiko		b. TITLE: Executive Director	c. TELEPHONE NUMBER: (559)-263-1012
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 		e. DATE SIGNED: September 30, 2005	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
	<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY
5. APPLICANT INFORMATION			
Legal Name: Plainview Mutual Water Company		Organizational Unit: Department:	
Organizational DUNS: 094189532		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: P.O. Box 942		Prefix:	First Name: Paul
City: Strathmore		Middle Name	
County: Tulare		Last Name Boyer	
State: CA	Zip Code 93267	Suffix:	
Country: United States		Email: paulb@selfhelpenterprises.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">94-1240433</div>		Phone Number (give area code) (559) 651-1000 ext. 681	Fax Number (give area code) (559) 651-3634
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10-760</div> TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Plainview, Tulare County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Plainview Mutual Water Company Water System Rehabilitation Project	
13. PROPOSED PROJECT Start Date: June 2006 Ending Date: June 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,581,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE:	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 1,581,500.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Carlos	Middle Name	
Last Name Bravo	Suffix		
b. Title Board President	c. Telephone Number (give area code) (559) 901-7811		
d. Signature of Authorized Representative	e. Date Signed 09/24/05		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

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